Effective October 1, 2003 108 16063													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			75					RATE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		95.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			75 minus 20=		.12			X\$ 9=		===	OR	X\$18=	990
INDEPENDENT CLAIMS			9 minus 3 =		6			X43=			OR	X86=	516
MR	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=	
• 11	the difference	e in column 1 is	less than zero, enter		*0* in 0	China a		TOTAL			OR	TOTAL	8276
CLAIMS AS AMENDED - PART II									`		JON	OTHER	
(Column 1) (Column 2) (Column								SMALL ENTITY				R SMALL ENTITY	
AMENDMENT A	who	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER WSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	.77	Minus	- 7	5	<u>.</u> 2		X\$ 9=			OR	3810=	180,
	Independent	. 9	Minus	C	<u> </u>	•		X43=			OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPEND							+145=	T		OR	+290=	
112 23 34 44 54 64 68 72							L	TOTA			OR	TOTAL	100,0
		(Column 1)		(Colum	ın 2)	(Column 3)	. 1	OUII. FE	-		,	ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	.77	Minus	- 7	<u> </u>	-		X\$ 9=			OR	X\$18=	
	Independent	· 9	Minus	G	~ 4134	*		X43≖	1.		ØΑ	X86*	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=	
•								TOTAL DOIT. FEI			OR	TOTAL ADDIT. FEE	
,		(Column 1)	,	(Colum		(Column 3)	ــــ ا	_	•		_		j
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		DI- NAL EE		PATE	ADDI- TIONAL FEE
	Total	•	Minus	••		Ξ.		X\$ 9=			OR	X\$18=	
	Independent	•	Minus	900		•		X43=	1			X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							· · ·	\vdash		OR		
. 11	the entry in cohe	nn 1 is less than th	e entry in colo	mn 2 wite '	Tr' in arch	ımo 3 ·	L	+145=	_		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3, "If the "Highest Number Previously Paid Foi" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "0." ADDIT. FEE													
		ber Previously Paid					loun	d in the a	ppropri	ste box	in col	omn 1.	

Application or Docket Number